

Classification

CONTROL NO.

feeder report for

DDS/OL/PD-2

PREPARE IN DUPLICATE

REPORTS INVENTORY

1. TITLE OF REPORT (if a fill-in report include Form No.)

Cost Reduction

2. TYPE

OF

REPORT

STATISTICAL

NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

 PERSONNEL

TRAINING

ADMIN. GENERAL

 LOGISTICS

SECURITY

OTHER (specify)

 MEDICAL

FINANCE

4. NO. OF COPIES PREPARED

Orig. & 1

Monthly

7. FORMAT (memorandum, form computer print-out, etc.)

Typed format

8. ADP PROCESSING

 YES

IF YES GIVE ADP PROCESSING NO.

 NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Division Requirement

10. PREPARING COMPONENT (include lowest level contributing information to report)

ICS/PD/OL

II. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-6	\$ 3.86		3/4 of hr.		\$2.91		12		\$34.92
GS-15	\$12.10		1/4 of hr.		\$3.03		12		\$36.36

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

\$71.28

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

RETAIN AS IS

OTHER (explain)

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

STAT

CHANGE

DISCONTINUE

15. DATE OF INVENTORY

16. NAME AND TITLE OF PERSON FURNISHING INFORMATION

17. EXTENSION

22 Sept. 1980

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